



ARIZONA DEPARTMENT OF FINANCIAL INSTITUTIONS



SALES FINANCE COMPANY APPLICATION INSTRUCTIONS

ONLY SUBMIT A COMPLETED APPLICATION

Do you have a Motor Vehicle Dealer application in process with ADOT?

Yes:

No:

Answer all questions. If the question is not applicable, enter "N/A".

Submit a "DFI Biographical Statement" form on all owners 20% or more and any executive individuals involved in management. Click the link below if you need additional forms:

[DFI Biographical Statement](#)

Submit a clear copy of each applicant's current driver license? (Anyone completing a Personal History Statement needs to have a copy of their license submitted)

Submit credit card authorization form for the non-refundable application processing fee of **\$800.00**. Credit Card Authorization form is located on the last page of this application package.

Individual owners of 20% or more and all executive management officials are required to complete a background check. Click the following link:

[Background Check](#)

Have a copy of your "Statement of Personal History" handy; this will help complete the Background Check. If you have questions trying to enter information into First Advantage their customer service phone number is (866) 777-1979.

If your company is using a DBA/Trade Name, you will need to submit a copy of the Trade Name Certificate from the AZ Secretary of State.

[Trade Name Certificate](#)

If you will be conducting business other than the Corporate location, then you will need to complete a Branch Application for each of those locations.

[Branch Application](#)

Submit the individuals names and ownership percentages. You will need to include an Ownership Flowchart.

Submit a Copy of the application filed with the Arizona Corporation Commission as an Arizona Corporation, LLC or LTD (if applicable).

Submit a current copy of the Certificate of Good Standing from the Arizona Corporation Commission (if applicable).

[Certificate of Good Standing](#)

Submit the AZ Statement of Citizenship/Alien Status (only if applying as an individual/sole proprietor).

[AZ Statement of Citizenship/Alien Status](#)

Submit a copy of the Application for Foreign Authority filed with the Arizona Corporation Commission (if applicable).

Submit a copy of Articles of Incorporation/Organization or Partnership Agreement from domicile state (if applicable).

Submit a Copy of your ADOT MVD license issued by Arizona Department of Transportation (if applicable).

If you have ever been an owner or officer on any licenses issued by AzDFI, then provide the entities name and license type.

If you have done any auto financing or title loans in Arizona, then provide a list of those transactions with the customer name, date of transaction, and amount of loan(s).

Save a copy of your completed application packet for your records.

All Sales Finance Company Applications and required documents MUST be submitted via secure email to AZDFI (must include "Sales Finance Application" in subject line) by using the AzDFI Encrypted Message Service. See links below:

[**AZDFI Encrypted Message Service Instructions**](#)

[**AZDFI Encrypted Message Service**](#)

You will be invoiced for any additional fees due to AzDFI. This includes the pro-rated license fee required by A.R.S. Section 6-123, which is required to be paid before the issuance of the license.

ONLY SUBMIT A COMPLETED APPLICATION



ARIZONA DEPARTMENT OF FINANCIAL INSTITUTIONS



DFI LICENSE APPLICATION

Sales Finance Company

Application Instructions

- Complete all sections and answer all questions. If not applicable, enter "N/A"
- You must save the file and submit to AzDFI using the secure ZIX email link located on the application checklist page.

1. Company Identifying Information

A. Corporate Name and Address

Arizona Legal Name (as approved by the Arizona Corporate Commission or Arizona Secretary of State):

Doing Business As (DBA) Name (if applicable):

AzDFI/MVD License Number (if currently licensed):

Filing as a: Corporation Partnership Limited Liability Company Individual/Sole Proprietor Other (Describe):
(Choose One)

Legal name approved by the state you were organized in:

Federal Tax ID Number:

Address Line 1:

Address Line 2:

City: State: Zip:

Phone: Fax: Email address:

B. Primary Address: If different from Corporate Address in 1A.

Address Line 1:

Address Line 2:

City: State: Zip:

Phone: Fax: Website:

C. Mailing Address: If different from Primary Address.

Name:

Address Line 1:

Address Line 2:

City: State: Zip:

Phone: Fax:



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2. Business Information

A. Other Business Locations

(a) Will the *applicant* conduct business with Arizona consumers through branch offices or other business locations? If yes, you may need to complete branch application. (circle one)

YES

NO

[Branch Application](#)

B. State where organized or incorporated:

State Incorporated: Date Incorporated: Date of foreign authorization to conduct business in Arizona:

C. Current Ownership

If owned by individuals, provide names and percentage of each person. All individuals owning 20% or more of the voting shares in either the applicant or the entity (as owner) must complete a Biographical Statement. [Include an organizational chart.](#)

[Biographical Statement](#)

Name:	Title:	Percentage:
Name:	Title:	Percentage:
Name:	Title:	Percentage:
Name:	Title:	Percentage:
List additional owners on a separate sheet and they should total 100%		Total Ownership:

D. Indirect Owners

Full Legal Name (Individuals: Last, First, Middle)	Direct Owner Company Name	Title or Status	% Ownership	Publicly Traded (symbol or n/a)	TAX ID or EIN #

E. List the top Executive officers, members, partners, directors of applicant.

Name:	Officer Title:	Business Phone:
Other Arizona interests:		Capacity:
Name:	Officer Title:	Business Phone:
Other Arizona interests:		Capacity:
Name:	Officer Title:	Business Phone:
Other Arizona interests:		Capacity:
Name:	Officer Title:	Business Phone:
Other Arizona interests:		Capacity:

Use a separate sheet if necessary

F. Retail Installment Contract Sales (list all banks, finance companies or persons to whom you sell retail sales contracts):

Institution Name:			
Address:	City:	State:	Zip Code:
Institution Name:			
Address:	City:	State:	Zip Code:
Institution Name:			
Address:	City:	State:	Zip Code:
Institution Name:			
Address:	City:	State:	Zip Code:



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3. Disclosures

9. If the answer to any of the following is "YES", provide complete details of all events or proceedings in an attachment, including as applicable; name and location of court, docket or case number, and status and summary of event or proceeding; copies of applicable charge(s), order(s), and/or consent agreement(s). Refer to the explanation of terms section of the instructions for explanations of italicized terms. Remember to file updates of these disclosures as needed. **FINANCIAL SERVICES OR FINANCIAL SERVICES RELATED** - Pertaining to securities, commodities, banking, insurance, consumer lending, money services businesses, consumer debt management or real estate (including, but not limited to; acting as or being associated with a bank or savings association, credit union, Farm Credit System institution, mortgage lender, mortgage broker, real estate salesperson or agent, appraiser, closing agent, title company, escrow agent, payday lender, money transmitter, check casher, pawnbroker, collection agent, debt management company or title lender).

A. Criminal Disclosure

YES

NO

(a) Has the entity ever:

- (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?
- (2) been charged with any felony?

(b) In the past ten years has the entity:

- (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a misdemeanor involving: financial services or a financial services-related business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?
- (2) been charged with a misdemeanor specified in (b)(1)?

B. Regulatory Action Disclosure

(c) In the past ten years, has any State or federal regulatory agency or foreign financial regulatory authority ever:

- (1) found the entity to have made a false statement or omission or been dishonest, unfair or unethical?
- (2) found the entity to have been involved in a violation of a financial services-related regulation(s) or statute(s)?
- (3) found the entity to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked or restricted?
- (4) entered an order against the entity in connection with a financial services-related activity?
- (5) denied, suspended, or revoked the entity's registration or license or otherwise, by order, prevented it from associating with a financial services-related business or restricted its activities?

(d) Has the entity's authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?

(e) Is the entity now the subject of any regulatory proceeding that could result in a "yes" answer to any part of (c)?

C. Civil Judicial Disclosure

(f) Has any domestic or foreign court:

- (a) in the past ten years enjoined the entity in connection with any financial services-related activity?
- (b) in the past ten years found the entity to be in violation of any financial services-related statute(s) or regulation(s)?
- (c) in the past ten years dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against the applicant by a State or foreign financial regulatory authority?

(g) Is the entity named in any pending financial services-related civil action that could result in a "yes" answer to any part of (f)?

D. Financial Disclosure

(h) In the past ten years has the entity been a mortgage lender or a mortgage broker or a control affiliate of a mortgage lender or a mortgage broker that has been the subject of a bankruptcy petition?

(i) Has a bonding company ever denied, paid out on, or revoked a bond for the entity?

(j) Does the entity have any unsatisfied judgments or liens against it?

Notice to Applicant Pursuant to A.R.S. 41-1030

An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. a general grant of authority in statute does not constitute a basis for imposing a license requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

This section may be enforced in a private civil action and relief may be awarded against the State. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

A State employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02



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4. Company Contacts

A. Licensing Contact Employee

Name:		Title	
Address Line 1:			
Address Line 2:			
City:		State:	Zip:
Phone:	Fax:	Email:	

B. Consumer Complaint Employee Information

Name:		Title	
Address Line 1:			
Address Line 2:			
City:		State:	Zip:
Phone:	Fax:	E-Mail:	

C. Record Keeping

Yes No If No, where will records be maintained? _____
Yes No Is this a residence? _____

D. Primary Email

You must provide your primary email address. This email address will be used to send your license (once approved) electronically, renewal reminders and any other important notifications that the Department sends out relating to the license issued. E-Mail: _____

5. Business Conduct:

- A. What is the start date of business? _____
- B. ☐ Yes ☐ No Have you sold any motor vehicles on a non-cash basis? If Yes, please provide a list of the number of vehicles sold on a non-cash basis, by month and year, since the start date of your business.
- C. ☐ Yes ☐ No If the applicant is a dealer, do you hold any part of your own installment contracts? If Yes, provide the total outstanding balance at the end of each calendar year since the start date of your business.
- D. ☐ Yes ☐ No Will you engage in secondary motor vehicle finance transactions, i.e., title loans or sale lease-backs?
- E. ☐ Yes ☐ No I have read and understand the grounds for denial, suspension or revocation of license, as stated in Arizona Revised Statutes 44-283.
- F. ☐ Yes ☐ No The business to be carried on, if license is granted, will be conducted in accordance with the laws of the State of Arizona.

6. Affidavit

State of _____: County of _____

I, _____ as _____ swear or affirm that I have executed this form
Print Name Print Official Title

before a Notary Public, of my own free will and:

- (a) I have read and understand the items and instructions on this form;
- (b) My answers (including attachments) are true and complete to the best of my knowledge;
- (c) I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers;
- (d) I authorize all my current and former *employers*, law enforcement agencies, and any other *person(s)* to furnish to any *jurisdiction*, or any agent(s) acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former *employers*, complete reasons for my termination;
- (e) I have read and understand applicable federal and state law, and will be in compliance at all times;
- (f) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis;
- (g) I understand that this form has to be signed by one of the owners or officers that has submitted their personal paperwork to the Arizona Department of Financial Institutions;

Signature of individual _____ Date (MM/DD/YYYY) _____

Printed Name _____

Subscribed and sworn to before me this _____ day of _____ 20____

Print Notary Public Name _____ Notary Public Signature: _____

Notary Appointment Expires (MM/DD/YYYY:) _____ / _____ / _____

NOTARY SEAL HERE



ARIZONA DEPARTMENT OF FINANCIAL INSTITUTIONS



DFI Biographical Statement

Do not leave any blank spaces. If not applicable use "None" or "N/A".

1. Identifying Information

Individual's Full Legal Name		Title/Position:		Years of Experience:
Licensee/Applicant Name:		License Type:	AzDFI License # (if applicable):	
Residential Address:				
City:		State:	Zip Code:	
Home Telephone Number:	Mobile Telephone Number:		E-mail Address:	
Alias(es) Nicknames, or changes in name:		Maiden Name (if applicable)		
Social Security No.:	Date of Birth:	Place of Birth:	Drivers License No. & State of Issue:	
For amendments only: If this filing reports that an individuals name has changed, enter the new name and attach supporting legal documentation:				
Last Name:		First Name:	Full Middle Name:	Suffix:

2. Residence Information

Show all residences for the past ten (10) years in chronological order with the most recent first. Attach additional pages if necessary.

From:	Address:	City:	State:	Zip Code:
To:				
From:	Address:	City:	State:	Zip Code:
To:				
From:	Address:	City:	State:	Zip Code:
To:				
From:	Address:	City:	State:	Zip Code:
To:				
From:	Address:	City:	State:	Zip Code:
To:				

3. Employment Information

A. Employment History:

Show every employment you have had and all periods of employment for the past ten (10) years in chronological order with the most recent first. Operating your own business is considered employment, Please list that information. You must include complete addresses. Resumes or personal references are not accepted in lieu of completing this form (Include current position). Attach additional pages if necessary.

From:	Name of Employer:	Address of Employer:
To:		
Position/Title:		Reason for Leaving:
Supervisor:		
From:	Name of Employer:	Address of Employer:
To:		
Position/Title:		Reason for Leaving:
Supervisor:		
From:	Name of Employer:	Address of Employer:
To:		
Position/Title:		Reason for Leaving:
Supervisor:		
From:	Name of Employer:	Address of Employer:
To:		
Position/Title:		Reason for Leaving:
Supervisor:		



ARIZONA DEPARTMENT OF FINANCIAL INSTITUTIONS



4. Disclosures

If the answer to any of the following is "YES", provide complete details of all events or proceedings in an attachment, including as applicable; name and location of court, docket or case number, and status and summary of event or proceeding; copies of applicable charge(s), order(s), and/or consent agreement(s). Refer to the explanation of terms section of the instructions for explanations of italicized terms. Remember to file updates of these disclosures as needed.

A. Criminal Disclosure

YES

NO

- (a) Has the individual ever:
- (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?
 - (2) been charged with any felony?
- (b) In the past ten years has the individual:
- (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a misdemeanor involving: financial services or a financial services-related business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?
 - (2) been charged with a misdemeanor specified in 4(B)(1)?

B. Regulatory Action Disclosure

- (c) In the past ten years, has any State or federal regulatory agency or foreign financial regulatory
- (1) found the individual to have made a false statement or omission or been dishonest, unfair or unethical?
 - (2) found the individual to have been involved in a violation of a financial services-related regulation(s) or statute(s)?
 - (3) found the individual to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked or restricted?
 - (4) entered an order against the individual in connection with a financial services-related activity?
 - (5) denied, suspended, or revoked the individual's registration or license or otherwise, by order, prevented it from associating with a financial services-related business or restricted its activities?
- (d) Has the individual's authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?
- (e) Is the individual now the subject of any regulatory proceeding that could result in a "yes" answer to any part of 4(C)?

C. Civil Judicial Disclosure

- (f) Has any domestic or foreign court:
- (a) in the past ten years enjoined the individual in connection with any financial services-related activity?
 - (b) in the past ten years found the individual to be in violation of any financial services-related statute(s) or regulation(s)?
 - (c) in the past ten years dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against the applicant by a State or foreign financial regulatory authority?
- (g) Is the individual named in any pending financial services-related civil action that could result in a "yes" answer to any part of (f)?

D. Financial Disclosure

- (h) In the past ten years has the individual been the subject of a bankruptcy petition?
- (i) Has a bonding company ever denied, paid out on, or revoked a bond for the individual?
- (j) Does the individual have any unsatisfied judgments or liens against them?



ARIZONA DEPARTMENT OF FINANCIAL INSTITUTIONS



5. Affidavit:

State of _____

County of _____

I _____ as _____ swear or affirm that I have executed this form
Print Name Print Official Title

before a Notary Public, of my own free will and:

- (a) I have read and understand the items and instructions on this form;
- (b) My answers (including attachments) are true and complete to the best of my knowledge;
- (c) I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers;
- (d) I authorize all my current and former *employers*, law enforcement agencies, and any other *person* to furnish to any *jurisdiction*, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former *employers*, complete reasons for my termination;
- (e) I have read and understand applicable federal and state law, and will be in compliance at all times;
- (f) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis;

Signature of individual: _____ Date (MM/DD/YYYY) _____

Subscribed and sworn to before me this _____ day of _____ 20____
Date Month Year

Print Notary Public name: _____ Notary Public signature: _____

Notary Appointment Expires (MM/DD/YYYY): _____ Notary seal here

DFI Biographical Statement Checklist

Biographical Statement.

Copy of Driver License.

Background Check: Refer to the new license checklist or amendment checklist on whom should complete the background check.

Letter of explanation and all applicable documents for any Disclosure question that was marked "Yes".

Did You Remember To:

Answer ALL questions, if not applicable entered "NONE" or "N/A"

Properly identify attachments to correspond with the applicable document and document inquiry.

Sign and notarize all documents where applicable.

Make copies for your records.

ONLY SUBMIT A COMPLETED APPLICATION



Sales Finance Company Credit Card Authorization Form

License Processing Fee
Only Visa or MasterCard Accepted.

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Billing Zip Code: _____

I authorize this one-time license processing fee in the amount of \$800.00.

CREDIT CARD INFORMATION

Credit Card Type:

MasterCard

Visa

Credit Card Number: _____

Expiration Month: _____

Expiration Year: _____

Cardholder Signature _____

Date: ____/____/____

****This information will be destroyed after payment is processed****